

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL062014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2015
NAME OF PROVIDER OR SUPPLIER BROOKSTONE HAVEN OF STAR ASSISTED LI		STREET ADDRESS, CITY, STATE, ZIP CODE 327 FREEMAN STREET STAR, NC 27356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 4, 2015. Records indicate that this facility was licensed on September 1, 1981. The facility is currently licensed for fifty-four residents including thirty-two Special Care residents. Based on the above information, the facility is required to meet the 1977 Homes for the Aged and Infirm; Minimum Desired Standards and Regulations; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 8, Section 409- Institutional Occupancy-Group I2. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarming. Findings on November 4, 2015:</p> <p>a. The Connecting Corridor between the Front Corridor and Firewall (sixty eight feet long) had no fire alarm detection.</p> <p>2. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 3/4 inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on November 4, 2015:</p> <p>a. The Front Corridor's Bedroom doors where 1 3/8 inch thick and of hollow construction, b. The Main Electrical Room Door was 1 3/8 inch thick and of hollow construction, c. The Back Corridor's storage and supply closets were 1 3/8 inch thick and of hollow construction.</p> <p>3. Based on Observation, the building failed to provide/maintain premises identification for Emergency Responders in accordance with the NC Fire Code. This would affect all residents, staff and visitors if emergency responders cannot locate the facility during an emergency. Findings on November 4, 2015:</p> <p>a. There was no premises identification (address) visible from the street.</p>	C 101		

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C 111	Continued From page 2	C 111		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on November 4, 2015: a. The current annual Building Sanitation Inspection Report was not available for review, b. The current annual Fire Marshal Inspection Report was not available for review.</p>	C 111		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short</p>	C 185		

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C 185	Continued From page 3 description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on November 4, 2015: a. The facility utilizes three working shifts daily and there were no records of second shift rehearsals for the first, quarter, and no third shift rehearsals for the first, and third quarters, b. The fire plan rehearsal records provided no description of what the rehearsal involved,	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its	C 189		

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C 189	<p>Continued From page 4</p> <p>integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 4, 2015:</p> <p>a. In the Main Electrical Room there was a floor to ceiling gap between this room and the adjacent Nurse Station which is open to the Corridor.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 4, 2015:</p> <p>a. In the Kitchen the fire-resistance-rated ceiling assembly had been patched using a ¾" plywood panel, covering an area of about four square feet.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on November 4, 2015:</p> <p>a. The Executive Director Office was using an extension cord to power a coffee pot. Extension cores cannot substitute for permanent wiring.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the exit doors have signage that reads "NOT A EXIT ". This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on October 14, 2015:</p> <p>a. Most exit doors were equipped with paper signage that deters usage of the doors.</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames under normal operating conditions or had unacceptable gaps. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on November 4, 2015:</p> <p>a. The Dining Room corridor door hits the doorframe preventing it from closing and latching without extra force,</p> <p>b. The corridor door assembly to the Sale Office had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 4, 2015:</p> <p>a. In Bedroom 103 there were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly.</p> <p>b. In Front Corridor near Bedroom 108, there were gaps around conduit for the emergency light head light that penetrate through the fire-resistance-rated ceiling assembly.</p> <p>c. In Front Corridor near Public Restroom there were gaps around conduit for the emergency light head light that penetrate through the fire-resistance-rated ceiling assembly.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>passage of smoke due to the doors not positively/automatically latching into their frames under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on November 4, 2015:</p> <p>a. In the Front Lounge, the automatic flush bolt on the inactive leaf of the double doors were in disrepair and would not latch to its frame, therefore the active leaf had no latched leaf to latch to.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on November 4, 2015:</p> <p>a. The Med Room Corridor door had two 1/4 inch diameter holes through the door near latching device.</p> <p>b. The Back Hall Shower Room's corridor door had replacement hardware that did not completely cover the previous hardware's opening through the door.</p> <p>c. Bedroom 201 had surface mounted hinges on the corridor door that was missing a through bolt allowing smoke to pass through the door.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p>	C 189		

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C 189	Continued From page 7 Findings on November 4, 2015: a. The corridor door to the Back Hall Housekeeping had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe's stop. 10. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 4, 2015: a. In Back Corridor, eight portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure.	C 189		